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	Application Number	10/038,335	·								
TRANSMITTAL	Filing Date	January 2, 2002									
FORM	First Named Inventor	Ronnie C. Hanecak									
	Art Unit	1636									
(to be used for all correspondence after initial filing)	Examiner Name	David Gužo									
Total Number of Peges in This Submission 11	Attorney Docket Number	ISIS-4976									
ENCLOSURES (Check all that apply)											
Fee Transmittal Form	Drawing(s)				Allowance Communication to TC						
Fee Attached	Licensing-related Papers	re L			l Communication to Board eals and Interferences						
Amendment/Reply	Petition				Il Communication to TC Il Notice, Brief, Reply Brief)						
	Petition to Convert to a Provisional Application				Proprietary Information						
	Power of Attorney, Revocation Change of Correspondence			Status	Letter						
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under 37 CFR 1.52 or 1.53											
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	OF APPLICANT, ATTO	RNEY, O	R AGE	INT							
Firm Name Isis Pharmaceuticals, Inc.											
Signature /											
Printed name Joshua McLaughlin											
Date February 28, 2005		Reg. No.	50,455								
CERTIFICATE OF TRANSMISSION/MAILING											
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:											
Signature Agm W re ma											
Typed or printed name Jamile L. Toupal		Date	Date February 28, 2005								

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PTO/SB/17 (12-04)
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Effective on 12/08/2004,				Complete if Known								
Fees pursuant to the Consolidated Appropriations Act. 2005 (M.R. 4818).				Application	Number	10/038,3	35					
FEE TRANSMITTAL				Filing Date		January :						
For FY 2005			First Name	d Inventor	Ronnie	C. Hanccak						
Configuration of	Examiner I	Examiner Name David Guzo										
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1636								
TOTAL AMOUN	F OF PAYMENT	(\$) 65.00	1	Attorney D	Attorney Docket No. ISIS-497			76				
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 500252 Deposit Account Name: ISIS Pharmaceuticals												
For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
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FEE CALCULA	ATION											
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES												
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Design	200			- •	130							
Plant	200				160		_					
Reissue	300				600							
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Each independe	nt claim over 3		ssues, each indep					t 200	100			
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Total Claims	extra C or HP = 0		Fee (\$) Fee 0	Paid (\$)		<u>ole Depend</u> e (\$)	<u>ent Claims</u> Fee Paid (	/e\				
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4. OTHER FEE( Non-English		\$130 fee	one small entity	discount)				<u>F86</u>	es Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)  Other: Terminal Disclaimer 65,00												
SUBMITTED BY Signature	11/1/			Registration			Telephone 7	760-603-	2767			
Name (Print/Type)	Toshua McI ser			(Altorney/Agen	<u>n</u> 30, <del>4</del> 33			2 2/2				

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiathy is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete (his form and/or suggestions for reducing files burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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